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REMARKS ON ELONGATION OF THE UVULA AS A CAUSE OF
DISEASE.

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[Communicated for the Boston Medical and Surgical Journal.]

WHEN we reflect upon the numerous, and at times insidious causes, capable of producing, or arousing into action, a latent predisposition to disease, in one or more parts of the respiratory organs, the following remarks will not, it is hoped, prove devoid of interest to some of the numerous readers of this JOURNAL. Although the subject to be noticed may not be of frequent occurrence, physicians occasionally have presented for their consideration an assemblage of symptoms, indicating the existence of a more or less severe affection of the bronchi, or lungs, or of other parts of the body, which may eventually be found to depend entirely upon an elongated palate. Such symptoms may vary from those of a mild, or scarcely noticeable character, as a slight irritation of the throat, evinced by a constant clearing of the same, frequently accompanied by a hacking cough; to those, in which the cough may prove severe and persistent, with more or less expectoration, at times of a muco-purulent character, or even other symptoms which as yet may not have produced any recognizable physical signs by a careful exploration of the chest. In addition to the general signs of a bronchial affection, others of a totally different character have been recorded, the result of that apparently trivial cause, an elongation of the uvula, as will be strikingly evinced by the case appended, emanating from the well-known Prof. Physick, of Philadelphia. Whether such a continued source of irritation is capable of producing a case of confirmed consumption, in an individual of good health, known to be unaffected by an inherited tuberculous taint, will doubtless be admitted with some hesitation, while few will deny the possibility of such a result in one of a weakly constitution and impaired health; more especially, should the parents have evinced any of the signs of a tuberculous constitution. In the event of such a case being presented, how mani-

festly important for the physician to be aware of the possibility of an elongated palate proving one of the many secondary causes of a disease so universally prevalent as consumption, or chronic bronchitis, in reference to the treatment of which, more especially the former, the sooner appropriate hygienic and medicinal measures are instituted, the more reasonably may there exist a hope, or rather a firm belief, in the power of perfectly arresting the progress of a much dreaded, and, alas, too fatal disease.

In my own practice, I have witnessed the most speedy and happy results accruing from the excision of a portion of the palate, in consequence of the long continuance of those symptoms of a severe affection of the lungs, in which serious apprehensions had been entertained as to the result. Within the past two months, the following interesting case was admitted into the wards of the Charity Hospital, under my charge. The patient had been suffering for nearly two years, from a violent cough, soreness of throat, considerable expectoration, now purulent, and latterly a good deal of pain in the chest. In the apex of the right lung, there were present all the distinctive signs of a tuberculous condition. For some time previously to his entrance hiccough had been almost incessant and severe, with much expectoration, preventing, in great measure, sleep at night. After an exploration of the chest by auscultation and percussion, which revealed a serious state of the lung, the throat was examined and found highly inflamed, with an elongated uvula, lying upon, and extending below the root of the tongue. Obligated to defer the excision of a portion, in consequence of the want of a proper instrument; finding the tongue much furrowed, with all the external signs of a bilious derangement, and the patient's strength being sufficient, I determined to commence the treatment by the exhibition of an emetic of ipecacuanha, as follows: *R.* Pulv. ipecac., \mathfrak{z} i.; pulv. capsici, gr. vi.; to be given at once, and followed by the free use of tepid salt and water to facilitate its operation. Free vomiting resulting, a mustard and cayenne poultice was to be applied to the abdomen, and, in three hours after the emetic, the following mixture was directed, in the dose of two teaspoonfuls every two hours. *R.* Nit. potassæ, \mathfrak{z} iij.; tart. ant. et potass., gr. i.; liquor morphinæ, \mathfrak{z} i.; aqua, \mathfrak{z} vi. *M.* The following gargle also to be used several times in the hour, during the day: *R.* Nit. potassæ, \mathfrak{z} iv.; syrup morphinæ, \mathfrak{z} ij.; aq. camphoræ, \mathfrak{z} i.; aqua, \mathfrak{z} viij. *M.*

The following day, in presence of several students of medicine, about three quarters of an inch of the palate was removed with a pair of curved scissors, the palate being held by a long forceps with a rough end to fix it firmly while being cut. It was found that the emetic had operated thoroughly, two basins full of dark bilious matter being thrown off, greatly to the man's comfort, as he remarked. The medicine and gargle had been regularly used. He had coughed considerably during the night, and had not enjoy-

ed much sleep. This day he was coughing very frequently before the palate was cut off, and the throat presented much the same appearance as yesterday. After shortening his uvula, he was ordered to continue the medicine and gargle, with, in addition, an ordinary cough mixture, to alleviate the cough. The diet then, and for several days, was ordered to be farinaceous; and his only drink an infusion of elm bark, with the addition of gum Arabic. It was unnecessary to continue the daily report. Suffice it to state, that the cough and inflammation of the throat decreased daily, and at the end of about two weeks from the excision of the palate, so materially was he improved, that he requested his discharge for the purpose of resuming his occupation as hostler. I should have been better pleased had he remained some time longer, to have given an opportunity of watching the progress of the disease of the lung, and of deciding as to the probable connection between it and the elongated uvula. The immediate benefit, however, resulting from the operation, was apparent to all who were present the following day. Another patient remarked that his respiration was far easier, that his cough had sensibly decreased, and that he had slept quite comfortably the same night. The inflammation of the throat had also diminished, more so than could have been expected from the conjoint use of the gargle and medicine.

In reply to queries, the man stated that he had sought medical advice, had been prescribed for, but that the throat had not been examined. Whilst it is impossible to express, with certainty, a positive opinion as to the elongated palate having been the direct cause of the existing disease of the lung, or whether this, by appropriate treatment, might have been permanently cured, there can be no doubt of the immediate decided improvement following the excision; and had the operation been performed at an earlier period, there are good reasons for believing that the disease of the lung might not have progressed to the degree in which it was found.

From the above fact of remissness, is it irrelevant to suggest the absolute necessity, in all cases of mild or severe coughs, accompanied or not by physical signs, to examine carefully the condition of the palate and adjoining parts. The importance and value of such suggestion derive additional force from the history of the following case, reported in the *American Journal of Medical Sciences* for 1828, Vol. I., page 262, by the late Dr. Physick, then Professor of Anatomy in the University of Pennsylvania. The article is entitled, "A case of Obstinate Cough, occasioned by Elongation of the Uvula." In order that all of the extraordinary particulars of this unique case may be correctly understood, the entire report of it is here given, as written by Dr. Clarke, of New Orleans, to Prof. P.

"In June last, 1827, a young lady, afflicted with a very obstinate cough, applied to Dr. Physick, and gave the following history of

her case. 'The first circumstances which had any connection with the singular affection of this young lady were a complaint of constant headache, attended with a disposition to vomit, without nausea occurring first, during convalescence from an attack of remittent fever in May, 1826. The latter symptom soon became the most prominent, and increased to a constant effort to retch, in which nothing was thrown up from the stomach, and which was not relieved by free vomiting. At this time, no complaint was made anywhere but in the head. Considering the gastric irritation as sympathetic of an incipient cephalic affection, leeches were applied to the temples and behind the ears, and some doses of active cathartics given. No advantage was derived. The retchings became nearly constant, and from a noisy effort to vomit, it gradually changed to a convulsive cough, altogether involuntary and uncontrollable, and conveying an impression as if something obstructed and irritated the organs of respiration. This is, as nearly as can be described, the character of the cough ever since. The first paroxysm increased in violence for a number of days, and until the 8th of September, when, about midday, after vomiting (which was at this time not unusual with her), in which she threw off a quantity of white tough mucus, she fell into a state of extreme prostration. The cough ceased, and she appeared to be dying. From this she slowly revived through the evening, and on the next day there was a degree of reaction, amounting to fever, which gradually subsided and left her quite well. The mucous expectoration likewise, though at the time regarded with some interest, has, in the latter attacks, been produced occasionally in vomiting, but never followed by the same alleviation. On the recovery from the first attack, she remained well for two weeks, when she was again seized with the same spasmodic cough, attended with pain in the breast, but not preceded as before with any irritation of the stomach. This, after continually increasing in violence for about eight days, again left her in the same manner it had done in the first instance. After an interval of three weeks, she had another attack of the same duration, and of extreme severity. Since this, there have been two more, but at longer intervals, and not altogether of the same severity. The dates of the different paroxysms are the early part of September, of October, of November, of January, and of May. During the long interval between January and May, a slight cough of the same peculiar character has seized her every morning on awaking, after which she remains entirely exempt for the remaining twenty-four hours. At first it lasted for a few seconds only, but its duration gradually increased to thirty or forty minutes. Since the last violent attack, it has been reduced to only a few moments' continuance.

"After many remedies had been used in the above case, without affording any permanent benefit, the patient was sent to Philadelphia, and Dr. Physick consulted. The circumstances appeared to

him to point out an elongation of the uvula as the cause of the disease. On examining the throat, he found that such an elongation actually existed. This was explained to the patient and her friends, and the excision of a part of the uvula was performed, immediately after which all the symptoms ceased entirely, and have not since returned in the slightest degree."

When the experience, for a long number of years, combined with the acknowledged judgment, of the late Prof. Physick, is considered, it is a source of regret that it was not more his habit of contributing in writing, for the benefit of fellow laborers in the profession, the results of the vast number of interesting cases sent to him from every section of our country. The knowledge of this fact will account for the phraseology of part of the above, which was written by his son-in-law, the late Dr. Randolph, of Philadelphia. In conclusion, I can state that the subject of the above case is at present in the enjoyment of perfect health.

RECORD OF OBSTETRICAL CASES.

[Communicated for the Boston Medical and Surgical Journal.]

IN behalf of the Middlesex East District Medical Society, I published in the number of this JOURNAL for May 7th, 1857, a record of five hundred and eighty-six obstetrical cases. I have now to offer you four hundred and fifteen cases which have occurred during the year 1857, and I have reported them, as nearly as possible, in the same manner that I did the former, so that the two reports may be compared with each other, or the average of the whole number (1001) may be readily computed.

The publication of the first set of cases has caused some manifestation of interest, by a few gentlemen outside our own District, and, on this account, I think a greater number of cases will be recorded, and, of course, reported for 1858.

I regret to say that *all* the members of even our limited District, do not hand in their reports for this record; and that, therefore, I do not think it is yet time to ask the Society at large to do it. I will say, however, that, to any one who desires it, I will forward blanks, which should be returned to me during the first week in January, and I will include them in the report.

There were 415 births, and 421 children born; 6 twin births, being one in 69½ cases; 209 males, 212 females.

Average duration of pains among

257 American women,	14 h. 00 m.
121 Irish "	12 " 15 "
9 English "	9 " 35 "
4 Nova Scotian	10 " 30 "
4 German "	24 " 15 " (one 48 hours.)
1 Canadian	16 " 30 "

4 Scotch women,	24 h. 15 m. (one 72 hours.)
2 P. E. Island "	5 " 20 "
2 N. Brunswick "	19 " 30 "
13 not recorded.	

Longest time of these cases was 6 days; 5 of 3 days; several of 30 minutes.

141 were 1st births.	7 were 7th births.
94 " 2d "	4 " 8th "
67 " 3d "	6 " 9th "
34 " 4th "	5 " 10th "
31 " 5th "	3 " 11th "
23 " 6th "	

Number of children born in

June	21	April	32	August	40
May	22	September	36	December	42
February	29	March	38	January	45
July	29	November	39	October	49

From 6, P.M. to 12, A.M., there were, births	110
" 12, A.M. to 6, A.M., "	115
" 6, A.M. to 12, M., "	101
" 12, M. to 6, P.M., "	85
Not reported,	4

In 405 cases, the average time of the "breaking of the waters" previous to birth was three hours and eighteen minutes. Longest time fifty-four hours.

The proportion of miscarriages that had befallen 257 American women, previous to these records, is 1 in $3\frac{1}{2}$; 121 Irish, 1 in $9\frac{1}{3}$; 2 English, 4 mis.; 1 Scotch, 1 mis.

In 408 single cases, there were 13 other than normal presentations, 1 in $31\frac{1}{3}$, viz.: breech and footling, each, 1 in 102; face to pubes, 1 in $81\frac{1}{3}$.

Average time in attendance on 414 cases, $4\frac{1}{4}$ hours.

Twin Cases.

First. American. A miscarriage at 5 months. Neither lived.

Second. Irish. Presentation of first, natural; of second, breech. Both females. There was excessive flooding. Mother and children did well.

Third. American. Presentation of first, natural; of second, foot. Male and female.

Fourth. American. Presentation of first, natural; of second, face to pubes. Male and female.

Fifth. American. Presentation of first, natural; of second, breech. Both males.

Sixth. American. "One living, weighed $4\frac{1}{2}$ pounds; the other died in utero, should think at 4 months. The mother, at that period of pregnancy, had gone through mental trouble and much bodily exercise."

Average weight of 118 children, $7\frac{3}{4}$ pounds.

In 5 cases the forceps were used; cases successful.

Stillborn, 7; died at birth, 2. Hour-glass contraction, 2 cases. One of the stillborn was delivered with the blunt hook.

Brief remarks on Cases.

"The left foot presented, toes toward pubes of mother; right could not be got down, but came down with the breech, which gradually turned as it advanced, so that the toes looked toward the right side, then toward right sacro-iliac junction, occiput presenting toward left acetabulum. Moderate traction was used during the latter stage. Child asphyxiated for a short time. Both did well."

"Patient had hernia, and wore a powerful truss which forced the womb to right side. Nature terminated the case, kindly."

"Ten children born in 8 years from marriage, less 3 days. Last case, twins."

"Retained placenta, half of which had been removed by midwife; I removed the remainder *per manum*. Hour-glass contraction."

"Adherent placenta, *per manum*; ice, ergot, bricks; recovery."

"Mother had lateral curvature of the spine, and one hip dislocated; Hodge's forceps; successful."

"Child web-footed and fingered."

"Flooded, from accumulation; coagula broken up *per manum*, arrested at once."

"Placenta adherent to anterior of womb, gently separated and removed, without flooding."

"Twenty-four hours after delivery, convulsions; recovery."

"The membranes broke as the first indication of illness at 2.30, P.M., attended with alarming flooding, *but without pain*. Saw her at 3, P.M.; gave ergot at 3.30; pains commenced at 4.30, child born at 5.45. Both did well."

"Prolapsed cord; profuse flooding before I saw her; checked by advancement of head. Child born dead."

"Found case in hands of midwife. Child born, placenta undelivered, dead, supposed from compressed cord."

In the management of recently delivered women, so far as my own limited experience goes, unwillingness to remain in or upon the bed, or, at least, in a quiet and recumbent position, for a sufficient period of time to allow of the natural restoration of the reproductive organs to their normal unimpregnated condition, is the greatest source of trouble. In many cases, even the imperative *you must* will not avail. They will risk the consequences. I know there are many instances in which "to be about the house" seems to be a necessity quite insuperable, and these cases afflict the thoughtful physician more than all others; for these, for the most part, in after years, or *months* it may be, cannot employ others to do their work while they lie by, under treatment.

You have published, in full, the sad case of death by inversion

of the womb, caused by unwarranted "pulling the cord" by a midwife. Many women, and highly intelligent ones, still trust themselves to the same incompetent hands.

For the Middlesex East District Medical Society,
Winchester, March, 1858.

WILLIAM INGALLS.

P. S. Very many people, and among them some well informed and highly successful practitioners, pronounce the word *gum* as though it were written *goom*, and, occasionally, it is made to rhyme with *tomb*. Excuse me for mentioning it.

W. I.

EXTIRPATION OF THE UTERUS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—By giving an insertion to the following communication, you will greatly oblige Yours, &c. G. KIMBALL.

In the collection of *Remarkable Cases of Surgery*, lately published by Paul F. Eve, M.D., of Nashville, Tenn., I find a notice of a case of mine, which appeared in the Boston Medical and Surgical Journal of May, 1855, and with the following caption: *Gastrotomy and excision of a part of an enlarged Uterus*. This account of the case, which is copied entire from the JOURNAL, is prefaced with the following comment:

"We find no description of the organ said to be extirpated, nor of the Fallopian tubes, ovaries, or round ligaments. Neither are we informed when the ligatures came away. Eight months after their application, we learn that they could not be removed. Another fact has struck us in the details of this case, about these ligatures; they are referred to as producing irritation, causing considerable annoyance from mere local irritation, a good deal of discomfort, particularly in the exercise of riding and walking, and pain always followed the efforts to detach them; still their presence was looked upon as a mere *inconvenience*, and not implying any danger."

In view of the statement which Dr. Eve makes in the "Introduction" to his work, that he should "*be studious to do injustice to no one*," I am forced to look upon the liberty he has taken in supplying a new caption to my report, and the prefatory remarks that follow, as somewhat remarkable. Had I supposed that any person of fair understanding, and an unprejudiced mind, upon reading the account of my case could ever raise a reasonable doubt as to the truthfulness of what I claimed to have accomplished by it, as therein set forth, I certainly should have taken care to put in evidence of a greater number of facts, even at the risk of being tediously minute. I might have added, for instance, that the morbid specimen, immediately after its removal, was examined before several professional gentlemen who had been present and assisted in the operation; that the day following, it was placed in

the hands of Dr. Alonzo Clark, the distinguished professor of Pathology, by whom it was examined and commented upon before his class at the Berkshire Medical Institution. Neither from him or any person, so far as I know, has there ever been an intimation that all that I have claimed in the report of my case was not strictly correct.

The specimen in question is still in a good state of preservation, and may be seen in the pathological collection of the above-named institution. It will clearly illustrate, moreover, to the captious critic, the fact of "*the possibility of removing the whole of the uterus by the operation performed in this case.*"

As to the matter of *ligatures*, so significantly alluded to in Dr. Eve's comments, I am happy to be able to put all doubts at rest by the following letter from the physician who was in attendance upon the case from the beginning:

DR. KIMBALL,—Dear Sir,—Yours of the 18th was received on Saturday last. The last time we met was in May, 1855, when Mrs. Talcott was in rather feeble health—a fistulous opening still remaining, and the ligatures still attached and causing considerable annoyance. Some few months after this, she discovered the string gone, when or how she knew not. The opening healed quickly, her health became good, and has remained so up to this day.

Mrs. T. lives five miles from me, and I do not see her often; still I can say she is in good health, with flushed cheeks, and in all respects one of the healthiest looking women of the day.

Rockville, Ct., Jan. 25th, 1858. Yours, truly, A. SKINNER.

M. TROUSSEAU ON THE TRANSMISSION OF SYPHILITIC POISON.

[Concluded from page 222.]

No one is ignorant that syphilis is contracted when, without previous excitement, the infectious pus is brought in contact with a denuded surface. Introduce, for example, beneath the skin of the thigh the virus of a syphilitic chancre, and you will cause the evolution of a chancre equally contagious. But this is not the ordinary method: the inoculation takes place during sexual excitement, the woman having on the neck of the uterus, on the vulva or in the vagina, specific lesions. The introduction of the penis, even though it may not be abraded, is sufficient to inoculate it with the venereal poison; there takes place, probably, a sort of endosmosis.

The child contaminates by sucking the nipple of the nurse. The lesions of the mouth are often the first which appear in newly-born children affected with syphilis: I have proved to you this fact in the case of two little patients in our ward. When the infant puts out its lips to suck, the nipple takes on a state of erection, and it is this erection which, after a certain time, produces the flow of the

milk and makes it gush out. It is a true ejaculation of the mammary glands. In the same way the erection of the male organ produces the secretion of semen and the ejaculation from the vesiculæ seminales.

This comparison may seem to you very strange, but it is physiological and very exact. This erection of the nipple is repeated at frequent intervals, and women, to quiet their infants, allow them to remain at the breast sometimes two, three and four hours at a time. You can easily understand how serious a thing it is, this prolonged contact under such active conditions, both for the child which is exhausted by its efforts to nurse, and for the nurse whose nipple remains in a state of continuous erection.

In the sexual relation, although the contagion is the result of an excitement of the organs of generation, by means of a process of endosmosis, the transmission of the syphilitic poison from the child to the nurse is effected by means of excoriated surfaces. We see every day, in fact, the nipples of nursing women becoming the seat of excoriations and fissures, due sometimes to a bad conformation of the breast, sometimes to the voracious appetite of the infant. You perceive, then, how easy the inoculation becomes: it is produced directly by the diseased lips of the child on the excoriated nipple of the nurse. This mode of propagation may not be common, but it is none the less true that examples of it are multiplying every day.

Look at the well-established facts: syphilis is transmitted to the child after its birth, by its mother, its nurse, or some other person, and it is also communicated from the child to its nurse. You may pronounce upon these points with entire certainty as to the cause: but your advice may be asked on a question infinitely more complicated; in the case, for example, where a child affected with congenital syphilis is confided to a nurse infected with disease of long standing.

A short time since, M. Ricord, with one of our fellow practitioners in Paris, and myself, gave a certificate as experts in a case of this kind. The tribunal of the first process (*Tribunal de première instance*), gave us the case, but the Imperial Court reversed the decision.

A child comes into the world with all the appearance of good health, and is placed at nurse in the country. A fortnight after its birth, it is taken with measles, a disease then epidemic in the country, and sinks at the age of a month or five weeks, from a kind of affection of the skin which had succeeded to the measles. The nurse took back her own child and gave it the breast; a fortnight after, it presented morbid phenomena of the buttocks, nose and skin—all the symptoms, in a word, of constitutional syphilis.

Suffering from some symptoms and coming to Paris, there is found on this woman an enlargement of the inguinal glands, chronic, and certainly dating back many months. No traces of chan-

eres were detected in the vulva. Some mucous patches existed on the breast, but without any kind of swelling of the axillary glands.

Our conclusions were about as follows:—

1. There exists in the nurse an engorgement of the inguinal glands. Now such an induration shows a chronic disease:

2. Such an engorgement of the inguinal glands, shows that syphilis commenced in the genital organs; now a nursing child does not transmit, in this way, syphilis to its nurse, but through the nipple:

3. There were no symptoms to show inoculation by the nipple, for if a chancre had been developed there, the axillary glands would have been affected, and this was not the case. Besides, the child of the very woman herself is here, to accuse, most positively, its own mother, for it was affected with constitutional syphilis fourteen days at most after it was placed at her breast. Now it is impossible for a constitutional syphilis to appear in a child a fortnight after the appearance of an infectious chancre in the mouth.

We demonstrated, therefore, in our conclusions, the certainty of the venereal affection in the nurse before her confinement; before the time, consequently, when the child was confided to her. We could not say whether the child had been previously tainted with the disease or not, for we did not know; we *did*, however, know that the parents, carefully examined by us, and on frequent occasions, showed no trace to excite suspicion. We finally gave our certificate that the nurse's own child was affected with congenital syphilis, and that it had taken the disease from the mother.

On the first trial, I have told you, our decision gained the case; but in an appeal, *the parents were condemned to pay to the nurse a considerable indemnity*. Justice has pronounced, and I will not recriminate; but what I may say, is, that magistrates are ordinarily badly informed on such matters. Therefore I cannot too much impress upon you the importance of not forgetting such facts, for you will be consulted some day or other under analogous circumstances, and you see how important it is to prevent a judicial decision bringing disgrace upon a family, and the accompanying loss of a considerable sum of money.

Permit me now to say a few words on the subject of paternal infection.

Under what conditions will a father who has had syphilis transmit it to his child? It is extremely difficult to say. In fact, individuals who seem sometimes the most completely cured, and who are suffering under no actual symptoms, remain nevertheless beneath the stroke of a diathesis of which the manifestations will appear, independently of all new contamination, four, six or eight years after; and often they will beget syphilitic children.

One of the most distinguished clinical lecturers who has preceded me in this chair, Recamier, was in the habit of telling us, in

speaking of constitutional syphilis and its hereditary transmission, that very numerous facts observed in his practice had taught him that some men, married, with the appearance of the most flourishing health, to women equally healthy, had never been able to procreate anything but abortions. The children were born dead at the sixth or eighth month of pregnancy, or if they were carried to the full term, they did not live long. Recamier attributed this premature fate, not to the bad constitution of the mother, but to an antecedent syphilis of the father. If he had an opportunity of questioning him and analyzing the pathological details of his life, he found his suspicions confirmed. On submitting the father and sometimes the mother to a specific treatment more or less decided, these unfruitful marriages returned to the general law of nature.

I was struck at the commencement of my studies by this grand fact, which Recamier proclaimed in this place, and I have myself been able to confirm its entire exactness sufficiently often.

Eleven years since, I was summoned to perform the operation of tracheotomy. I saw the patient in consultation with M.M. Rayer, Bouillaud and Blandin. The patient was dying by suffocation from a disease of the larynx, which was rapidly modified by the use of mercurial preparations, and was completely cured under the use of iodide of potassium. He was a man of athletic vigor, presenting all the appearance of robust health. He informed us that at the age of nineteen or twenty years he had had syphilis, but that since that time, never having had any venereal symptom, and believing himself radically cured, he had married. His wife became pregnant and continued so up to the sixth month, and six times the children failed to reach the full term, although the mother remained in excellent health. These premature children had all exhibited lesions of the skin, which had appeared very strange to the physician, and led him to suppose *a vice of constitution in the woman*.

One of my friends, whose youthful days had only been slightly marked by syphilitic symptoms, was married and saw his first children perish one after the other before they had reached the normal term of gestation: they had the skin covered with excoriations, on the nature of which I pronounced with difficulty. The father showed no sign of venereal disease. I put him, however, on the use of iodide of potassium, and I did well; for he had afterwards five perfectly healthy children.

At what time will an individual who has had syphilis not be liable to transmit this sad inheritance to his children? This is a difficult thing to say.

Two years ago a young man, affected with a very grave constitutional syphilis, was married one month only after the evident amelioration of his symptoms. He was still suffering; the cervical ganglia were still engorged, so that I wished the marriage de-

ferred. This was impossible. His wife became pregnant, and the child born of this union is, to this day, wonderfully healthy; it is fifteen months old.

Thus a man who happens to have constitutional syphilis with grave symptoms, and who is not yet clear of the affair, cannot communicate syphilis to the child which he begets; while others, apparently absolutely free from the disease, have the deplorable privilege of infecting their descendants. Listen to another story in support of the first of these two propositions:—

An officer had contracted syphilis in 1813, and the disease remained upon him, he being on active duty, until the peace of 1814; he even had traces of it during the campaign of 1815. Shortly after the year 1816, the cure was complete. The general was married in 1830. He consulted me at that time, and I persuaded him to treat himself vigorously before his marriage, for he had syphilitic coryza. He followed my advice. From this union two children were born, who are living to-day, and are remarkably healthy. Yet the general was not cured, and this is evidence of it. In 1837, when he had not been exposed to any new contamination, he was taken with a syphilitic psoriasis and a specific coryza which affected even the bones of the nose. Again subjected to syphilitic treatment, he again recovered; but in 1853, although advanced in years, he came again to consult me about this coryza and psoriasis, which had again appeared. Syphilis was still powerful in his system and inveterate in its character, and yet his children have inherited no disease!

Syphilis is not, then, inevitably transmissible; but the cases of its propagation are nevertheless so common, that in a service of young children, such as that of the Hospital Necker, I have every year fifteen or twenty nursing infants affected with congenital syphilis. Here, also, in our little ward of women recently confined, I can always show you, in the summer service, many newly-born children affected with the same disease.

Finally, to make this lesson as complete as possible, let me inform you what I understand to be the proper treatment for venereal disease in these little patients. I regularly advise baths of corrosive sublimate, of the following composition, viz.:—Corrosive sublimate, fifteen to thirty grains; alcohol, two fluid drachms and a half; distilled water, a fluid ounce. Make a solution to be poured into the water of the bath.

I prescribe, at the same time, the liquor of Van Swieten in the dose of fifteen grains, which is equivalent to about one sixty-sixth of a grain of deuto-chloruret of mercury. The treatment should also be extended to the nurse. To her I administer the iodide of potassium, in the dose of from seven to fifteen, thirty or forty-five grains a day, and during many months in succession; suspending it only for a time, and never failing to return to the same medicine.

As for acquired syphilis, it is to be treated in the child precisely as in the adult.

Such are the considerations, clinical, medico-legal and therapeutic, which I have to offer you in regard to syphilis in the infant. If you keep them in memory, I hope that they may some day enable you to avoid some of the rocks which lie in the track of our profession.

S. L. A.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 8th.—*Malignant Disease of the Uterus; Cystic Disease of the Iliac Muscle.* Dr. CHARLES E. WARE exhibited the specimen.

It was from a woman 52 years of age. Her catamenia ceased at 48. About two years after, she began to have attacks of flowing, with lancinating pains about the region of the uterus. She was seen by Dr. Ware, and examined early in the spring. She had then a ragged ulcer of the os, with enlargement, and hardness of the cervix, frequent attacks of hæmorrhage, some pain, and her general health was beginning to fail. It continued to fail through the summer, and in September she was first attacked with severe pain in the left hip, extending down the leg, accompanied by some numbness, and inability, on account of the pain, to extend the leg. For a week or two this entirely crippled her. She was then able again to walk about, but never got a free use of the leg afterwards. No tumor could be discovered at any time in the pelvis. The function of digestion remained unimpaired until November. At this time, there began to be embarrassment of defecation, and early in December little came away, even with the aid of injections. For six weeks before death, nothing whatever passed the bowels. The vagina was also closed. Nausea, vomiting and dyspnœa came on, and she died one week after.

On examination, *post mortem*, the uterus was found extensively diseased, a small portion of the fundus alone being healthy. The rectum was closed, and the disease was just beginning to appear through the walls of the bladder.

There was also cystic disease within the pelvis similar to that reported some time since, involving the psoas muscle.—(*Society's Records*, Vol. III, p. 152). It appeared to occupy the iliac muscle, was of the size of the two hands, tense and firm, with the crural nerve running over it. The cyst was within the muscle or under it; and very firmly adherent to the bone. It contained a reddish fluid, and was intersected by bands. There was no destruction of the periosteum.

MARCH 8th.—*Tumor of the Larynx.* The specimen was received from Dr. ADAMS, of Waltham, and was shown by Dr. BOWDITCH, who also read the following account of the case.

Dr. A. saw Mrs. N. for the first time in 1849. She was then suffering from a severe bilious difficulty, attended with great yellowness of the skin. She stated that she had had several such attacks, which had always been attended by this same yellowness of surface, indeed the

skin had never been free from this yellow tint for six years (since 1843), during which time she had been an invalid. The severity of the sickness for which Dr. A. was consulted yielded very soon, and under a careful course of diet and regimen, which had not been before much attended to, she soon rallied, and the yellowness of the surface disappeared.

During the winter of 1849 and 1850 she experienced great pain in the throat, which often kept her awake, and was attended at times with a spasmodic difficulty of swallowing. This spasm about the throat had occasionally occurred for two or three years, so that the act of swallowing was always performed very slowly and with great care. Dr. A. was not consulted in relation to it at this time, and learned the fact when she came under his care during the last winter. From this time (1850) to February, 1857, her health was much improved, and she rarely sought advice during this interval.

In February, 1857, she consulted Dr. A. for a hoarseness and a sense of tickling in the throat, and an increased difficulty of swallowing, it seeming, at times, as if the food were spasmodically thrown from the mouth during the act of swallowing it. There was a slight hacking cough; her general health was as good as usual. The uvula was, on examination, found to be very much elongated, and was removed, in the expectation that relief of the hoarseness, at least, would follow. The operation did not, however, give the least relief. The *pomum Adami*, in April, seemed to be somewhat more prominent than usual, and a little larger than natural, but not altered in its form. The general emaciation was at this time sufficient to have accounted for it in part. The hoarseness continuing, in May the nitrate of silver was applied to the throat for several weeks, without much relief. In July, Dr. Bowditch saw her and confirmed Dr. A.'s diagnosis. For several weeks after, the application of nitrate of silver was alternated with the tincture of iodine, and the latter was also applied externally. In August, no relief following these applications, they were suspended. The voice still remained hoarse; there was also a good deal of mucous rattle in the trachea, the breathing being sometimes rather laborious, but not uniformly so. After this, various other means were used, but without any decided relief.

Early in September the breathing became more difficult, and a small blister was applied to the throat, which appeared to produce a little mitigation of the distress. These were occasionally repeated, as circumstances required, till the middle of October, when the breathing became less embarrassed, but not entirely easy. At this time, also, the swallowing improved, but was always done with great care and caution; her appetite was much better and she took food freely, and always digested it well to within two days before death; the emaciation, however, increased, as did also the hoarseness, and she could not utter a loud word. There was no cough, and had been but little during the whole sickness, and very little pain during the last four months. She died January 19th, 1858.

The *post-mortem* examination revealed a tumor, of about the size of a walnut, in the larynx, occupying one ventricle. It was rather hard, rounded, and evidently non-malignant. All the other organs were healthy.

The existence of the tumor would certainly explain many of the symptoms, but did not in the least confirm the diagnosis.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 22, 1858.

PUBLIC HYGIENE.

HAVING discontinued, for the present, our series of articles upon the Hygiene of Dress, we cannot avoid giving expression to certain views upon another outside matter in which the public is largely interested; that intelligent body must by this time be impressed by the persevering and unselfish efforts we have made in its behalf. Unfortunately, the people are too generally unappreciative of their truest benefactors; we can hardly expect to prove an entire exception to this rule.

No lengthy disquisition is intended, at this time, upon street-cleaning or similar sanitary measures—have we not the cleanest city, generally speaking, in Uncle Sam's territories? Moreover, should there be any neglected nooks and corners, we have only to shout the watchword *cholera*—and every individual inch of the municipal domain will be rubbed down with pumice-stone! We fervently hope, however, that any such chance cleansing will not be left until a panic-cry is sounded—nor, as has been the case, until the sun gets to be as fervent as our hope. Fort Hill, North Street, and Half Moon Place, under the red eye of July, are quite antipodal in their odors, when these are specially excited by the city officials, to Araby the Blest.

To state our topic at once—it is this—the annoyances, and often serious aggravations of their diseases, from street noises and permitted customs, which invalids endure in a city. That many of these are unavoidable, we at once confess; there are others, however, which ought to be interfered with and suppressed. We suppose that there is no remedy, for well or ill people, against the watchman's stunning rattle and hoarse yell of Fire! Fire! "*Deestriet*" such an one, at midnight, and in those streets some miles removed from the conflagration. It must be confessed that this is often very trying, especially to light sleepers, and to those who, when once fairly aroused, are liable to lie awake till morning; and in our ignorance we had supposed it might answer all reasonable purposes, if most of the racket were made in the immediate vicinity of the fire. Venturing to express this opinion recently, to one "who knows all about" such matters, we were at once put down, and unpleasantly enlightened, by the statement that we were entirely mistaken—that it is necessary to make just as much noise, and to rattle and bellow quite as long and loudly, in Tremont or Park Street when the fire is at the extreme north or south end of the city, as if it were in the streets designated. Perhaps it is—the firemen must be awakened—but the process is a very wholesale and impartial one; and in many localities where there is not a fireman within at least a half mile, the clamor is as decided and unflinching as anywhere else. We rejoiced greatly at the establishment of that beautiful and ingenious apparatus by which the alarm-bells are simultaneously struck, and at once announce the quarter of the city which is in peril. It is a fine, if a somewhat melancholy sound, as the clang of the many "brazen bells" goes forth upon the still air, nearly at the same instant—it has a touch of romance in it, and no reasonable person

can say aught against it. Cherishing these pleasant feelings toward this necessary and beneficent midnight tintinnabulation, what was our horror, now some months since, to hear the North Church bell burst out, at the witching hour, with a downright, old-fashioned ring for fire! This, until very lately, has been maintained at every alarm. We can but trust it was only done until some broken wire was mended; but we have thought it took longer to forge and place that wire, than it will the Atlantic cable. To any invalid in the neighborhood of that peal, the annoyance must have been dreadful. Instances are not infrequent when such an infliction would turn the balance against the sick, into whose chamber the light foot of affection scarcely dares to enter, lest it break the charm of that slumber on which restoration may almost solely depend. Who would not exclaim with us, waked only from a healthful repose, "Silence, that dreadful bell"! We tremble lest this, even now, may be a *City Ordinance*; in which event, we intend to vacate and sell our premises, even at a loss.

Not to be tedious, there is one point more upon which we have a word to say, and we have long wished for a fitting opportunity. Deterred, hitherto, by the idea that the topic, by itself considered, might be deemed more appropriate for the columns of a daily paper, we have now, as we think, a sufficient reason for taking it up in the present connection, in the fact that a distinguished practitioner of this city has desired us to comment upon it in a hygienic light. We always endeavor to oblige distinguished practitioners, and as this gentleman is entirely "regular," and as we accord fully with his views, medically, surgically and upon the subject in question, and have the highest regard for him generally, we shall devote the remainder of this article to his (and our) grievance.

And first, the difficulty, like too many with which doctors have to contend, is an *organic* one; and the organs concerned are generally fearfully out of order, together with a lamentable loss of healthy *tone* throughout the entire system. We believe, however, that there is perfect harmony amongst those who are thus afflicted, upon one point, and that is, the necessity for the amelioration of the evil—in legal phraseology, the abatement of the nuisance. To come to the matter in hand, we allude to *hand-organs* and their peripatetic masters. To those who, like the gentleman above referred to, have illness in their families, the universal and constant presence of these instruments beneath their windows is an evil too serious to joke about. More especially does this become true when a neighbor happens to be so bewitched with the music (?) that he sees the grinder thereof handsomely, to remain, whilst the family of the invalid are only too glad to purchase his immediate disappearance. Thus this particular locality becomes a mine of wealth to the musical operator, whose financial wisdom will doubtless soon enable him to scent his prey from afar, and besiege the dwellings of the sick in preference to those not offering such encouragement. Under these circumstances, it is not easy for the invalid to procure peace and quiet rest except at a constant expense, which finally becomes a matter of consequence—to say nothing of the chance of being beaten by the opposite party, who cannot understand, being all well and hearty, why their more sensitive neighbors cannot "face the music," or listen with patience to the merciless iteration of "Poor Dog Tray," "Annie Laurie," and some other popular favorites.

Much as we love true music, we must protest against what we consider an infringement of the rights of private citizens, in the allowing the multiplication of street-organs to the extent now only too evident in Boston. It is by no means an uncommon thing to find two, and sometimes three, all working at once, within ear-shot—producing, of course, a horrible discord, enough to drive one mad. The subject is really a serious one, in view of the extreme difficulty of dislodging these ragged and sturdy minstrels, who thus grind music, so called, by the hour, from before one's door, when there is really an imperative reason for so doing—as in the case of illness. The police, even, have been put in requisition, in urgent cases, to our personal knowledge. The continual repetition of the same tunes, upon an organ often asthmatic, or in some other way crippled, is enough to torture a well person—what must it not do for the sick? Should there not be a common agreement in a neighborhood, that all join in forbidding street-music when it is well known that an invalid is distressed by it? What is the essence of the bond recognized as the legitimate one of a neighborhood? Simply "the golden rule." Let selfish gratification, then, be disregarded under these circumstances, and all seek to contribute to the comfort and restoration of the sufferer. Children, who are pleased with the organs and the victimized monkeys sometimes accompanying them, should be made to wait till the sick are well, at least, and be otherwise amused. But we go still further, and say that the number of street-organs and the obstinate devotion of their managers to them is really unbearable and an imposition upon a good-natured, long-suffering community. We wish they might be suppressed, or at least limited by law, both as to numbers and as to the hours when the inhabitants must perforce listen to their performances. Some of the machines have been set going at nine and a half, ten, and more than half past ten, o'clock, P.M., in our immediate hearing, with the effect of eliciting various objurgations, menaces, missiles, and police intervention, after the utter exhaustion of patience. We sincerely commiserate all the invalids of Boston in view of their trials of this nature, and appeal to municipal authority in their behalf. *Patres Conscripti*, hear us!

REMOVAL OF DR. J. R. LOTHROP.

It was with feelings of deep pain and humiliation that we learned the news of the removal of Dr. J. R. Lothrop from the office of Superintendent of Rainsford Island Hospital, and of the appointment of Dr. Lemuel M. Barker in his place. This change was made wholly for political reasons. Not the shadow of complaint, we believe, has ever been made that Dr. Lothrop, who was appointed by Gov. Clifford, and has been retained by each succeeding administration until the present, has not discharged the duties of his office with entire satisfaction. The Inspectors, in their Annual Report, recently printed, give the following testimonial to his ability and fidelity: "The Inspectors would renew their testimony to the efficient and faithful manner in which the Superintendent has discharged his duties. The firm, yet kind discipline he maintains, his successful treatment of disease, his self-possession in emergencies, his good common sense, united with high professional attainment and skill, are all that can be desired in a superintendent of this or any other kindred institution."

To add to the disgrace which this transaction has inflicted upon our

State Government, the office made vacant by the removal of Dr. Lothrop has been filled by the appointment of a gentleman who is not even a member of the Massachusetts Medical Society; in other words, who is not recognized as a regular physician by the profession. Dr. Barker may be distinguished as a politician, for aught we know to the contrary, but he certainly is not favorably known as a medical practitioner. Is there any guarantee that he is capable of the "successful treatment of disease," that he has "self-possession in emergencies," or "good common sense, united with high professional attainment and skill"? How many respectable members of the profession are ready to vouch for his fitness for the situation of a hospital physician and surgeon? Are the lives of hundreds of poor sufferers to be entrusted to the hands of a man who is looked upon by the profession as an irregular practitioner?

We had hoped that the appointments to the various State Hospitals would not become mere political gifts, to be held during the brief period of each administration, and we deeply lament that the present Governor should have seen fit to inaugurate a new order of things. Is it understood that the removal of Dr. Morris from the State Prison Hospital, and of Dr. Lothrop from Rainsford Island Hospital, are only precedents? Are the Superintendents of the Insane Hospitals at Worcester and Taunton to follow? They are competent and faithful men: what, then, can save them? Must those important institutions also be managed by men whose term of office, wholly independent of professional skill, depends upon their political creed for the time being? If so, nothing but mismanagement can follow. To secure a competent resident physician to a large hospital he must be reasonably sure of permanency of office, as some compensation for the renunciation of private practice. If the incumbents of such offices are to become mere political weathercocks, the present excellent administration of our public institutions must give place to disorder, extravagance and public disgrace.

An earnest remonstrance against this unjust political measure, signed by about fifty of the most eminent physicians of Boston, has been presented to the Governor, but so unexpectedly was the blow struck, that the remonstrance arrived too late to prevent it, though doubtless it would have been of no avail had it been earlier made. The medical profession will look upon this act as an insult, and we have no doubt that an intelligent community will condemn it as in every way unjust and inexpedient.

The Peninsular and Independent Medical Journal.—We have already noticed the consolidation of these two Journals, and the first number of the union is before us. It is neatly printed, and contains an abundance of interesting articles. The tone of the editorial address is dignified, and we feel confident that the new Journal will be a valuable addition to our medical periodical literature.

Communications Received.—Pernicious Fever.—Letter from Prof. Sigmund.—Obituary Notice of James Spaulding, M.D.—Consultation with Homeopaths. [Will the author send us his name?].—Professional Etiquette.—Cases treated by Medicated Inhalation.—Letter on Dr. Clarke's case of Scarlatina, &c.—Retention of the Menes from Occlusion of the Os Uteri.—Case of Double Fetus.

Deaths in Boston for the week ending Saturday noon, April 17th, 78. Males, 55—Females, 43.—Accident, 1—apoplexy, 2—burns, 1—consumption, 17—convulsions, 1—cyanosis, 1—dysentery, 1—dropsy, 1—drowned, 2—idiotism, 2—infantile diseases, 6—erysipelas, 1—scarlet fever, 6—typhoid fever, 1—gastritis, 1—disease of the heart, 6—intemperance, 2—inflammation of the lungs, 3—congestion of the lungs, 1—marasmus, 3—menes, 4—old age, 2—palsy, 1—disease of the spine, 1—scrofula, 1—smallpox, 1—suicide, 1—teething, 1—thrush, 1—ulcers (in the intestines), 2—whooping cough, 3.

Under 5 years, 30—between 5 and 20 years, 11—between 20 and 40 years, 17—between 40 and 60 years, 7—above 60 years, 13. Born in the United States, 51—Ireland, 19—other places, 2.

Baltimore College of Dental Surgery.—At the late Commencement of this College, the degree of Doctor of Dental Surgery was conferred on nineteen graduates.

Memphis (Tenn.) Medical College.—The Annual Commencement took place on the 1st of March. The degree of Doctor of Medicine was conferred on nineteen members of the medical class.

Charity Hospital, New Orleans.—This institution is free to the poor sick of all nations. It is called the Charity Hospital of our State, but the sick of our State form but a small proportion of the thousands who partake of its benefits. The income of the institution is derived from taxes laid on foreign immigrants, and on balls, concerts and theatres. The tax on immigrants for the past year has amounted to \$30,201 75, an increase of \$2,000 on the year previous. The tax on balls, &c., has fallen off in the past year from \$8,189 92 to \$5,480—and this in consequence of a reduction by the last Legislature of the rate of taxation. The cost of supporting the institution the past year was \$84,803 11. Deficits in the treasury are generally promptly made up by appropriation on the part of the State.

During the year 1857, there were admitted into the institution 8,897 patients, of whom 7,913 were discharged, and 1,017 died.

Nativities.—United States, 1,577; foreign countries, 7,307. Of the former number, 394 were from Louisiana, 241 from New York, and 132 from Pennsylvania. Of the latter number, 4,010 were from Ireland, 1,197 from Germany, 664 from France, 347 from England, 297 from Prussia, and 139 from Switzerland.—*N. O. Medical News and Hospital Gaz.*

Foreign Homage to Jenner.—The statue of Jenner stands now beneath the vestibule of the Faculty of Medicine. It is the work of M. Eugene Paule. Jenner, the propagator of vaccination, is represented standing upon a part of the terrestrial globe. At his feet are inscribed the words, "France and England."—(Why not England and France?) He is meditating upon the application of his discovery. In his right hand he holds his lancet; his left arm reposes upon some volumes of his works, which are supported upon the fragments of an antique column. Near his knee are engraved the serpent and cup. Finally, below the books, and upon the side of this column, lies unfolded a roll of paper, upon which is seen the figure of a cow, the first cause of his discovery. A subscription is opened at the house of M. Gossart, notary, 217 Rue St. Honore, to defray the expenses of a statue to be erected at Boulogne-sur-Mer, where the first children were inoculated.—*London Lancet.*

Vital Statistics in France.—M. Bertillon, in a paper read before the Academy of Medicine of Paris, on the 9th February, makes the following statement:—"In a period of ten years there have been in France 9,700,000 births; and of these children, 1,500,000 died within the first year of life. Out of 1,000 female births, 858 girls reach the age of one year; whereas 1,000 male births yield but 828 boys one year afterwards. In other words, and in round numbers, it may be said that out of 100 children of each sex, from birth to one year of age, the annual deaths are 20 boys and 16 girls—viz., one-fifth part of the boys, and only one-sixth part of the girls." This law is so constant, that it holds good for the whole country, or each department taken separately, with extremely slight variation.—*Id.*

Medical Miscellany.—Dr. Joseph Jones, formerly of the Savannah Medical College, has been appointed Professor of Chemistry and Pharmacy in the Medical College of Georgia, in the place of Prof. Means, resigned.—Dr. A. Snowden Pigot, late Prof. of Anatomy and Physiology in the Medical Department of the Washington University, in Maryland, has been appointed to the chair of Anatomy and Physiology in the Baltimore College of Dental Surgery, made vacant by the recent death of Prof. W. R. Handy.—The annual address before the North Mississippi Medical Society, of Monroe Co., at a meeting held in Aberdeen Dec. 18th, was delivered by Dr. G. S. Bryant, of Aberdeen.—A decoction of honey bees has been successfully used by Dr. M. B. Beers, of Portland, Mich., in cases of suppression of urine. Take 8 to 12 bees, pour on them a pint of boiling water, and give a tablespoonful every five minutes.—Smallpox, of a more than usual malignant character, is represented as prevailing all over Asia Minor, and a ship from Smyrna is said to have lately brought it to Liverpool.